PTOISSUS (08-03)
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to a collection of Information unless & cliptops a valid OMB control number,

PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875    Control of C										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FILED				NUMBER EXTRA		RATE	FEE	]	RATE	FEE
BASIC FEE G7 CFR 1.16(e))			,				8	OR		.740
TOTAL CLAMS			minus 20			x s		OR	x sa	90
DEDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = .				× s		. OR	x s•	0		
MULTIPLE DEPENDENT CLAIM PRESENT (IF CFR 1.18(d))						• •		OR	+50	0
"If the difference in column 1 is less than zero," enter "O" in column 2.								OR	TOTAL	STOP
CLAIMS AS AMENDED - PART II										
	(Column 1) (Column 2) (Column 3)				SMA	TENTITA	. OR	OTHER SMALL	THAN ENTITY	
ΤA		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	]	RATE	· ADOI- TIONAL FEE
Š	Total	AMENOMEND	Minus	PAID FOR	<del>7</del>	× 5		OR	Xs ·	
ENDMENT	GP GFR 1.16(d) brdspenderk GP GFR 1.16(3)	-6-2	Minus	<u>-~y</u>	-60	× . /	7	o <sub>R</sub>	×	
AME					200	7	_	OR	7.	
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST CFRA.1469)						TOTAL ADDL FE			TOTAL ADDIL FEE	
a v a(.							·	ے کر د		<u> </u>
15	-16-07	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Column 2)	(Column 3)	· ·		7		
NT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total promises	· 25	Minus	25	. /	X 8	•	OR	× 8	
K	Independent profes under	•	Minus	-3	• /	X 5	-	OR	× 8•	
FIRST PRESENTATION OF MATIPLE DEPENDENT CLAIM GT OFR 1.16(1)					+5	<u> </u>	OR	+===	<u> </u>	
						TOTAL ADD'L FE	€	OR	ADDL FEE	/
7,18106 (Column 1) (Column 2) (Column 3)										/_
v		REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDNAL FEE
AĒ,	Yotel	AMENDMENT	Minus	PAID FOR	-	× 8	- 1/	OR	X \$*	II
AMENDMENT	Endependent CU OFR LIGHTS	1.27	Minus	<del>+3</del>	<del> -/</del>	X 8	- 17	OR	× 1	1.7
署		TATION OF ME TICK	r depends	OTCIAN DIO	FA 1. (00)	+1	. /	OR.	+;	II
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM 67 OFA 1. (40)						TOTAL ADDLFI	- /	OR	TOTAL ADD'L FEE	
If this entry in column 1 is loss than the entry in column 2, write "O' in column 3.     If the "Highest Number Previously Paid For" IN THIS SPACE is loss than 20, enter "20".										
** If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".  *** If the Tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  *** If the Tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".										

The Tighest Number Previously Past For IN THIS SPACE is less than 1, enter 3.

The Tighest Number Previously Past For I'll the Space is less than 1, enter 3.

The Tighest Number Previously Past For I'll the Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or rothin a benefit by the public which is to tip (and by the IUSPTO is process) on application. Confiderationly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 enhants to complete, and submitting the completed application form to the USPTO. Thre will vary depending upon the information Officer, Any comments on the smount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent on the smount of time you require to complete this formation, V.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-600-PTO-0199 and select option 2.